

For 1998 CALENDAR YEAR, or fiscal year beginning _____, 1998, and ending _____, 19____

| | | | |
|---|--------------------------------|---|---------------|
| Name _____ | | Federal employer identification number * _____ | |
| Mailing address _____ | Daytime phone () _____ | Date business started _____ | |
| City, town, state and Zip Code _____ | | <input type="checkbox"/> Check if this is an amended return | |
| Type of Partners (Check all that apply): 1. <input type="checkbox"/> Partnership(s) 2. <input type="checkbox"/> Individual(s) 3. <input type="checkbox"/> Corporation(s) 4. <input type="checkbox"/> Other (Identify) _____ | | Was a North Dakota Partnership <input type="checkbox"/> Yes Return filed for the preceding year? <input type="checkbox"/> No | |
| Type Of Business: A. <input type="checkbox"/> Farming/ranching D. <input type="checkbox"/> Professional services G. <input type="checkbox"/> Manufacturing J. <input type="checkbox"/> Finance, insurance, and real estate B. <input type="checkbox"/> Retail/wholesale E. <input type="checkbox"/> Other services H. <input type="checkbox"/> Transportation C. <input type="checkbox"/> Rentals F. <input type="checkbox"/> Construction I. <input type="checkbox"/> Oil, gas, or coal K. <input type="checkbox"/> Other (Identify) _____ | | | |
| Answer these questions: 1. Did this partnership invest in a North Dakota venture capital corporation this year? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is this return being filed for a limited liability company (LLC)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 1. Partners' shares of income or loss (from Federal Form 1065, Schedule K, lines 1 through 7 or from Federal Form 1065-B, Schedule K, lines 1a, 2, 3b, 4b, 7 and 8) | | 1 | |
| 2. Partners' shares of deductions (from Federal Form 1065, Schedule K, line 9 plus any deduction from line 11 which is not an itemized deduction; if Federal Form 1065-B is used, enter -0-) | | 2 | |
| 3. Balance (Line 1 less line 2)..... | | 3 | |
| 4. North Dakota additions (See instructions) (Attach supporting schedule) | | 4 | |
| 5. Balance (Line 3 plus line 4) | | 5 | |
| 6. North Dakota subtractions: | | | |
| a. Interest income from U.S. obligations | | 6a | |
| b. Other (See instructions) (Attach supporting schedule) | | 6b | |
| c. Total North Dakota subtractions (Line 6a plus line 6b) | | 6c | |
| 7. Adjusted federal income or loss (Line 5 less line 6c). If 100% North Dakota partnership, skip lines 8 through 12 and enter this amount on line 13 | | 7 | |
| 8. Net allocable income or loss (See instructions) (Attach supporting schedule) | | 8 | |
| 9. North Dakota apportionable income or loss (Line 7 less line 8) | | 9 | |
| 10. Apportionment factor (from line 14, Schedule B, Form 58)..... | | 10 | — · — — — — — |
| 11. Income or loss apportioned to North Dakota (Multiply line 9 by line 10)..... | | 11 | |
| 12. Net North Dakota allocable income or loss (See instructions) (Attach supporting schedule) | | 12 | |
| 13. North Dakota income or loss (Line 11 plus line 12) | | 13 | |
| Attach a complete copy of the federal partnership return | | | |

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of general partner or authorized representative _____

Date _____

Signature of paid preparer _____

Print firm name (or name of individual, if self-employed) _____

Date _____

Do Not Write In This Space

"Buy North Dakota Products"

(See instructions for completing this schedule and for partners' reporting of income or loss)

| Name and address of partner • If partner is a nonresident of North Dakota, check the box • If additional lines are needed, attach schedule | Partner's social security number or federal employer ID number | Partner's distributive share % | Partner's distributive share of line 13, page 1 (See instructions) |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
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| <input type="checkbox"/> | | | |
| <input type="checkbox"/> | | | |
| Total (Add all partners' shares of income or loss. Total must equal line 13, page 1.) | | | |

Schedule B: Calculation Of Apportionment Factor

(Except as provided in the instructions, all multistate partnerships must complete this schedule.)

| | | | |
|---|---|------------------------|---------------------|
| Property factor: Average value at <i>original</i> cost of real and tangible personal property used in the business. (Exclude value of construction in progress) | 1. Total | 2. North Dakota | 3. Factor |
| | (Column 2 divided by Column 1 = Column 3) | | |
| 1. Land | | | 1 |
| 2. Buildings and other fixed depreciable assets | | | 2 |
| 3. Depletable assets | | | 3 |
| 4. Inventories | | | 4 |
| 5. Other assets (Attach schedule) | | | 5 |
| 6. Rental property (Annual rental capitalized x 8) | | | 6 |
| 7. Total property (Add lines 1 through 6) | | | 7 _ . _ _ _ _ _ |
| Payroll factor: | | | |
| 8. Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1065 (If the amount reported in Column 2 does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach a detailed explanation.) | | | 8 _ . _ _ _ _ _ |
| Sales factor: | | | |
| 9. Gross receipts or sales, less returns and allowances (Federal Form 1065, Line 1c) | | | 9 |
| 10. Sales delivered or shipped to North Dakota destinations | | | 10 |
| 11. Sales shipped from North Dakota to: | | | 11 |
| (a) The United States Government | | | (a) |
| (b) Purchasers in a state or foreign country where the partnership did not have a filing requirement | | | 11 (b) |
| 12. Total sales (Add lines 9 through 11) | | | 12 _ . _ _ _ _ _ |
| 13. Sum of factors (Add lines 7, 8, and 12) | | | 13 _ . _ _ _ _ _ |
| 14. One-third (or applicable portion) of line 13 (If there are less than three factors, divide by the number of factors actually present on lines 7, 8, and 12 above. Enter amount here and on page 1, line 10) | | | 14 _ . _ _ _ _ _ |

* In compliance with the Federal Privacy Act of 1974, Public Law 93-579, the disclosure of a social security number or a federal employer identification number on this form is mandatory and is required under Subsections 1 and 7 of North Dakota Century Code § 57-38-31. A social security number or federal employer identification number is used as an identification number by the Office of State Tax Commissioner for file control purposes, recordkeeping, and for cross-checking the taxpayer's files with the Internal Revenue Service.